

Caribbean Pulse

NAVAL HOSPITAL ROOSEVELT ROADS

What Does Charles Dickens have in Common with NHR?

BY

CAPTAIN PATRICIA H. NETZER,
COMMANDING OFFICER

NC, USN

July/August

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Charles Dickens started his novel A Tale of Two Cities with this opening sentence, "It was the best of times, it was the worst of times..." In his novel, Dickens presents the ever-present possibility of individual resurrection, social reform, personal transformation, and the necessity of sacrifice in life. As I was thinking about what to write for this issue of the Caribbean Pulse I couldn't help but think how Dickens' novel of the French Revolution paralleled what is happening here at Naval Hospital Roosevelt Roads. I'm not proposing insurrection or revolution nor is it the mental stretch you might think it is.

In the past two years we have grown in terms of patients served (our retirees and their families), offered deckplate medicine to other military facilities throughout the Caribbean, initiated the Telephone Call Center, and served as exemplars for information technology and privacy. Our readiness program is one of the best that I've seen. We rapidly moved those readiness indicators outside of the hospital and into the hands of the operational units. This is important information that our Line partners need to

analyze their ability to perform their jobs. We have become an important asset for the base and the island of Puerto Rico as a result of our ability to respond to weapons of mass destruction and augment island wide resources during natural or man-made disasters. Our patients appreciate the care we provide by noting their great satisfaction and identifying our staff by name. Finally, I have often commented on the staff's tremendous commitment to the base and their outstanding morale. Many of you tell and show me on a daily basis how our shared values of truth, honesty, integrity, teamwork and hard work are standards to live by. This is why I believe this to be the "best of times."

With the ending of training in Vieques in May, we have all experienced the never-ending string of rumors and misinterpretation of comments or intentions. The issue becomes even bleaker when we see friends moving early or civilian friends from other Commands having to make difficult professional decisions concerning their positions. It doesn't help trying to keep morale up and maintain healthcare ser-



vices when detailers and placement officers are calling individual officers asking if the rumor is true that Roosevelt Roads is closing. It is almost like people from outside the base enjoy dancing on our grave. I also have our civilian staff asking me what the future holds for them, their positions, and the hospital. I don't know about you but for me this is "the worst of times."

Dickens tells the story of two countries undergoing tremendous change during the later part of the 18th century. His characters reflect courage, honesty, virtue, evil, vengefulness, and destruction caused by self-perpetuating violence. Change, transformation, even personal renewal is (Continued on Page 2)

What Does Charles Dickens Have in Common with Naval Hospital Roosevelt Roads? Con't from page 1.

often associated with some type of individual sacrifice. The sacrifice may be in the shape of diminishing services to our patients such as ophthalmology, urology, or oral surgery. While the convenience of having these specialties "in house" is appreciated, we must remember that we have a fairly robust network of specialty providers on the island and we should be using them whenever possible. How are we presenting our network's capabilities to our patients? If our network is weak, we need to work on strengthening it by either looking at different specialties or eliminating providers who do not meet our customer service guidelines.

Organizationally, it makes little sense to be structured as if we were a larger MTF. Positions and certain job titles could go away. I have told many of you that it's not the job title that gets you promoted, it is what you do with the job that is important. We may merge departments or have them under a different directorate. As a result your position and what you do may change. If we find ourselves uneasy with the concept of change we may find our comfort level stretched just a little. We need to work with each other in finding that comfort level and adjusting to the change in our daily work. Working together today is more important than ever. We cannot nor

will not let each other down.

Finally, let me leave you with Dickens' last thought in the novel. While it might not be Dickens' exact words it is my exact feeling concerning the change that we are facing, "I see a beautiful edifice and a brilliant people rising from uncertainty and turmoil, in their struggles to commit to do what is right, in their triumphs and defeats, through the years to come, I see the confusion of the moment giving birth to a time of acknowledging forgiveness and accepting the possibility."

From the Editor: The Necessity of Drama

By

HM3 Patricia R. Hildebrandt, Editor

We live our lives in a series of moments. The Merriam-Webster Dictionary defines drama as, "a state, situation, or series of events involving interesting or intense conflict of forces." Conversely, melodrama is defined as "extravagant theatricality." Without drama, life is flat, but melodrama is an unnecessary indulgence.

Anyone with access to basic cable has seen the commercials. TNT's 'We Know Drama' advertising series propose that, "Drama is Life." Shot in stark black and white, filled with famous faces, the edited monologues offer brief but enduring views of the entity known as drama.

The concept of drama began in ancient Greece as a part of the annual cycle of religious and agricultural festivals. Tragedy originated in 534 BC with the playwright Thespis, and in about 486 BC comedy became popular as well. These sacred plays existed as symbolic microcosms of life, brief snippets of time and place enacted to remind the audience of more universal themes. From the very beginning, drama was a reflection of reality.

Most aspiring writers are told, "write what you know." This advice cannot be taken literally – if writers only wrote what they knew, there would be no fantasy, no speculative fiction, and no horror. No one would write about Ireland in the time of the potato famine, ancient Egypt, or Abraham Lincoln growing up in a tiny log cabin. These things exist in the past or in our own

imaginations – they are no longer, in the literal sense, known. Instead, "write what you know," means to find words that encompass the human experience, that interact with the mind and soul to bring about understanding on the visceral level.

Drama is a popular category for films, plays, and television series. Drama is a necessary element in almost all forms of writing, from journalism to fiction. Even tabloids rely on dramatic headlines to sell their paper. The most ribald comedy must have a moment of drama, a breath of introspection. Without these moments of heightened tension when we cannot wait to see what will happen next, the product will not sell. Drama operates on the cycle of conflict and resolution. It is fundamental to the way we think, imagine, and live.

Yet so many people resist drama in their lives. "I'm not putting up with any more of your drama," we say to one another. Drama can destroy romance, undermine friendships, and make a simple situation nearly unbearable. Yet without drama, we cannot feel love, inspire passion, or take pride in our achievements.

I would like to propose that melodrama undermines drama. Drama becomes melodrama when an addiction is formed and situations spin needlessly out of control. The urge to wallow in the drama unfolding around us rather than to forge ahead is sometimes irresistible. Melodrama makes a bad situation terrible, turns

normal conflict into something overwhelming, and spools a simple scenario into something endless. Yet, think back to film, television, and novel. The conflicted persona who forges ahead despite all odds is the one we cheer for. We do not celebrate the procrastinator, the whiner, or the one mired in self-pity. We want stories of daring heroes, of everyday people who are forced to step outside their comfort zones and take on whatever challenge is presented. Without such people, the world would exist without conclusions. This is what we want in our media because it is what we want within ourselves.

Instead of hiding from drama, we should embrace it, because drama is the essence of life. Drama is one perfect moment where we are completely alive, living for nothing but the present. Drama is saving a patient, falling in love, and embracing your enemy. Drama is what makes life worth living. Without the ability to relish drama, life is a stage full of melodramatics without an audience.

"All the world's a stage,
And all the men and women merely players.

They have their exits and their entrances,
And one man in his time plays many parts
."

- William Shakespeare, "As You Like It."

DECON Drill A Success

By

ENSIGN MARGARET M. PARKS, MSC, USN



The EMT team suits up: HN Hixon and HN Waite prepare to take the scene.

Naval Hospital Roosevelt Roads participated in the Island-wide Radiation Drill sponsored by the P. R. Veterans Affairs Hospital on 1 May 2003. The scenario was a dirty bomb explosion involving over one hundred simulated casualties. The injured were treated throughout the San Juan area hospitals and medical centers. The Veterans Affairs Hospital requested Naval Hospital to receive and treat four injured persons. Two non-ambulatory victims were to be flown in by helicopter and two ambulatory victims were to be transported by ambulance from San Juan to Roosevelt Roads. (The transportation of the four victims to Naval Hospital Roosevelt Roads was simulated.)

The patients had varying degrees of injuries, however all victims were contaminated with the fallout of radioactive materials used in the dirty bomb. As part of the Emergency Preparedness Plan, all radiologically contaminated victims must be decontaminated. Decontamination is required to prevent the injuries from worsening as well as prevent the hospital staff from being contaminated with radiation.

At 1300, the DECON Team was activated and within thirty minutes, the team had two decontamination corridors assembled: one corridor to receive non-ambulatory patients and one corridor to receive ambulatory patients. Two non-ambulatory victims were first to arrive on scene at the helicopter pad. Emergency Medical Technicians (EMTs) in full protective gear received the patients and brought them by ambulance to the DECON site. Two ambulatory victims were brought to the DECON site by another ambulance

"The DECON Team decontaminated the victims using soap, water, and radiac meters."

staffed by our EMTs also in fully protective gear. The DECON Team decontaminated the victims using soap, water, and radiac meters. After decontamination the victims were taken to the emergency room for evaluation and treatment.

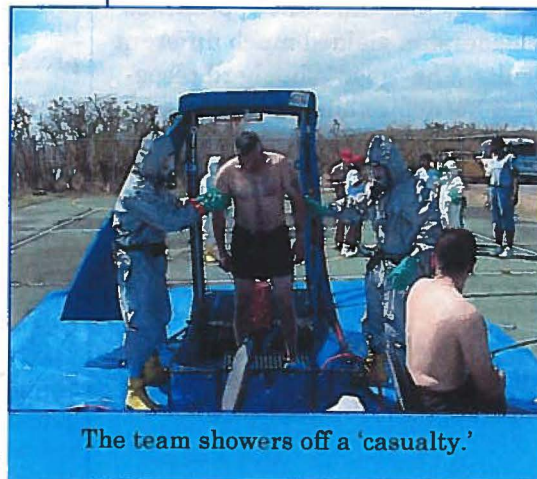
In the event of a real disaster, the local community depends on our hospital to handle patients from any type of emergency, including a radioactive material incident. The Naval Hospital recognized the need to be prepared for such an event and therefore equipped and trained the EMTs and DECON Team to safely and professionally handle the unique circumstances of radiation



LTJg Garrison directs a fellow team member.

contaminated patients.

The Radiation drill afforded the DECON Team and EMTs an opportunity to test their equipment and to assess the skills of their response personnel. This was the EMTs and DECON Team's second drill and it provided invaluable lessons learned that will help them make a stronger team and be better prepared in a real event or another drill. GREAT JOB EMTs and DECON TEAM!



The team showers off a 'casualty.'

Idle Hands are the Devil's Work

by LT Myrna Calderon,
MSC, USNR

Have you ever witnessed a Border Collie herding sheep in the field? It's a marvelous site. A shepherd and his dog (or dogs) will act as a team to move the flock through various obstacles. The shepherd - moving very little - uses hand, verbal, or whistle commands to send his loyal Border Collie into appropriate action. The shepherd recognizes the instinct and ability of his canine companion and has focused it for the role at hand - herding sheep.

After the awesome movie 'Babe,' Border Collies became very popular in the United States. Many non-shepherds appreciated the loyalty and intelligence of the breed and wanted one as a pet. Unfortunately, some pet owners failed to recognize their role as a shepherd in developing their pet collie. Without daily "work," the collie can be destructive in the home. The canine's pent-up energy may turn an apartment into an obstacle course of chewed shoes and gouged dry wall. Later, the shepherd returns to the site of the untaught work and scolds the loyal companion for poor performance.

Both shepherds acquired good dogs, but different approaches to leadership yielded much different results. The "good" shepherd recognized his dog's ability and focused them to the task at hand. The "bad" shepherd recognized his dog's ability and left the dog to its own plans. Regardless of the leadership - both dogs performed - they desired a challenge and worked even if they had to create the tasking themselves. They desired praise: a pat and recognition of "that'll do."

I believe our Navy has recruited many "Border Collies" - sailors with a desire to perform and ex-

cel. They are the blue shirts who swabs the deck on a Tuesday - even though field day is on a Thursday; the young officer who creates unsolicited special projects; the savvy petty officer who fine tunes clinic check-in procedures; the crusty chief who is constantly "putting out fires." There is very little glamour or sex appeal in their titles, yet they perform day after day - often creating their tasking because their shepherds do not recognize their leadership role. A simple command will focus these individuals to good works celebrated by the praise that'll do, good job, or bravo zulu.

Just as importantly, idle hands - on the shepherd's part - may be met with the Devil's Work. After the shoes are chewed and the dry-wall is gouged and the poor dog punished, the shepherd may shake his head in disbelief regretting his intelligent companion. The shepherd may reflect upon how difficult "my life is having so and so work for me," all the while not recognizing the loyalty of the breed. Because, even after the dog is punished, he'll wag his tail when the shepherd approaches. The collie will still per-



Two Dogs, Two Opportunities

form tasking daily, and continue to make up tasking if not guided by the shepherd.

There are many good shepherds giving good commands within the Fleet and Navy Medicine today. Unfortunately, there are also some with idle hands. The good shepherds get to celebrate good works and share the kudos with their kennel. The bad shepherd deals with the devil's work and blames his kennel for the shortcomings. Both are appreciated by their Collies - the breed is loyal.

Idle hands are the devil's work. The hard part is recognizing whose hands are idle.

Nurse Corps Celebrates 95 Years

BY
LT STACEY L. DAWSON, NC, USN

Nurses: "Lifting Spirits, Touching Lives", was this year's theme for National Nurses week. Navy Nurse Corps celebrated its 95th birthday on May 13, 2003. The Roosevelt Roads Nurses Association had a calendar of events for our Navy and civilian nurses here at Roosevelt Roads Naval Hospital. Events ranged from guessing baby pictures to meeting one af-

ternoon for ice cream. Congratulations, LCDR Olander for guessing all the baby pictures!!!

A very special thanks to LT Calderon, HM3 Hildebrandt and Melba Ruiz for all their help ensuring advertisement of the Nurse Corps birthday.



Open House at OB-GYN Clinic

By CDR PATRICIA McDONALD, NC

CERTIFIED NURSE-MIDWIFE/WOMEN'S HEALTH NURSEPRACTITIONER

The OBGYN Clinic at Naval Hospital Roosevelt Roads hosted an **Open House and Ribbon Cutting Ceremony** on Friday, 04 April with opening remarks by CAPT Netzer. The clinic celebrated the grand opening of the newly remodeled OB-GYN Clinic spaces and the newly formed LDRP rooms (Labor, Delivery, Recovery and Postpartum). Information and flyers about the Obstetrical services, Newborn Care & Immunizations, Exercise in Pregnancy and Maternal-Child Classes was available.

The clinic remodeling is part of the final phases of the hospital construction. The LDRP rooms were created to enhance patient and family comfort and eliminate the need to move the mom and newborn baby to another room after childbirth. The new rooms also offer additional space to allow the father or support person to sleep at the hospital and to help care for the newborn.

Classes offered in the OB-GYN Clinic include the New OB Class, the Third Trimester Class

and the Breastfeeding Class. The **New OB Class** is geared to provide education about early pregnancy, exercise, nutrition, Women Infants and Children (WIC) program, birth certificates and local resources to newly pregnant women and their partners. The **Third Trimester Class** includes information about the later stages of pregnancy, childbirth, relaxation and breathing techniques and options for pain relief in labor. This class also includes a tour of the LDRP rooms. The **Breastfeeding Class** offers a wealth of information about breastfeeding and is highly recommended for any woman who is considering breastfeeding or who already has some experience with breastfeeding and would like more information. Call 865-5910 to register for any of these classes.

The Fleet and Family Service Center (FFSC) offers home visits provided by the New Parent Support Nurse to any family with a newborn. Additional help with feed-



NHRR's OB/GYN Clinic delivers approxi-

ing, newborn care and weight checks can be provided by the nurse. Classes also offered by the FFSC include the New Parents Class, Mommy & Me Exercise Class, Siblings 'R Us & 1,2,3,4 Parents. Call 865-4097 for more information and to register for any of these classes.

Why I Joined the Navy

As a young boy growing up in Vieques, Puerto Rico, the Navy and its mission always intrigued me. I watched the silhouettes of large ships, which were called "vapores" break the horizon and pull in to NASD Vieques or Roosevelt Roads. These ships symbolized to me the power of our country and also provided a sense of security. When accidents, natural disasters or other emergencies occurred, the Mayor always called on the Navy to provide humanitarian assistance. Watching sailors and marines working in town to repair bridges, performing helicopter rescues of fisher-

men adrift and transporting medical emergencies was a common site.

Years later upon graduating from the University of Puerto Rico, I decided to join the military. Although I obtained promotional brochures from other military services, the Navy was my primary choice, as I felt a sense of familiarity with the organization from my teenage years. The offer of adventure in foreign countries, impressive uniforms, a structured life and a tripling of my current pay as PRTC employee, were more incentives than I needed to sign up.

By

CDR Amilcar Villanueva, MSC, USN

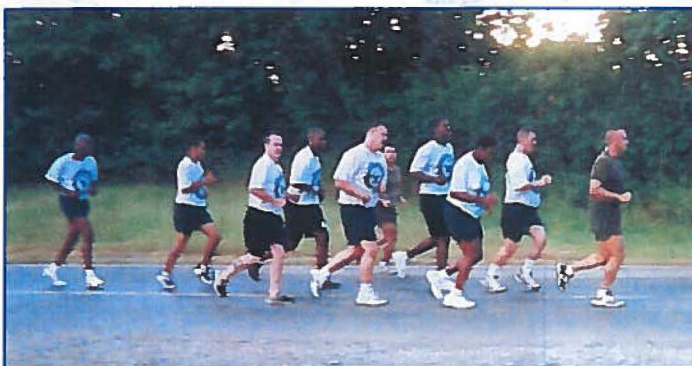


Seventeen years later I have no regrets. Joining the Navy has been extremely rewarding and has exceeded all my expectations.

Force Protection on NAVSTA Can Be a Big Job

By

HMCS Kathleen B. Hathaway



ASF Class 3-0 goes for a morning run.

The job of force protection on NAVSTA can be a big job. To assist in fulfilling this mission, Sailors from U.S. Naval Hospital Roosevelt Roads are integrated into the Auxiliary Security Force (ASF) so they can be activated as needed. Training these Sailors for a job that is radically different from their "normal" working environment falls into the capable hands of the Marine Cadre. NAVSTA Roosevelt Roads has two permanently stationed Marine cadres, GYSGT Petrotta and SSGT Purcell who conduct the ASF Academy, as well as support ASF long after the initial training.



Gunnery Sergeant Petrotta demonstrates prisoner restraint techniques on HM2 Armbruster

At any time, approximately 18 Hospital enlisted staff supplement NAVSTA Security Department. As recently as May 2003, hospital corpsmen, substance abuse counselors, storekeepers and other enlisted staff worked full-

time, side by side with Security Department master-at-arms staff for up to a 6-month period, followed by a 6-month inactive or contingency role. With the cessation of exercises on Vieques, the ASF force was scaled back to a contin-

gency force that drills twice per month to maintain skills and qualifications.

The ASF Academy is the starting point for those who are nominated by their directorate to supplement NAVSTA Security Department. The ASF Academy is a 4-week indoctrination into the skills and qualifications required for

force protection and physical security. The Academy provides the necessary training for Sailors to learn how to perform security poststander duties and responsibilities.

Preparation includes intense physical training, weapons live fire and unarmed self-defense. The ASF Academy also places a strong emphasis on classroom instruction, including thorough training on the use of deadly force, rules of engagement (RoE) and comprehensive les-

sons on weapons safety and handling.

Throughout the rigorous ASF Academy, the Marine Cadre staff expect Sailors to ask more of themselves. They strive to instill profes-

sionalism, leadership, teamwork and esprit de

corps. Once Sailors graduate, they take on the new responsibility of participating in a very visible force protection role, and standing by as a vital resource to the security team. At any time, Hospital staff comprise almost 1 of 3 ASF personnel on NAVSTA Roosevelt Roads.

When you next encounter the "gate guard" as you enter or leave the base, keep in mind that they are performing an often thankless, but very necessary job and congratulate them on their professionalism. They are deserving of our appreciation and respect for a job well done. Bravo Zulu to all ASF personnel!



Staff Sergeant Purcell discusses gun range safety.



HM1 Gabbard demonstrates self-defense.



HM2 Armbruster decides to learn the hard way.

HURREX 2003

By
LCDR Manny Santiago , NC, USN

Naval Hospital Roosevelt Roads conducted a Hurricane Exercise (HURREX) in collaboration with the Naval Station Roosevelt Roads and its tenant commands from 21 April through 02 May 2003. The scenario was a tropical storm approaching Puerto Rico at 16 knots with winds of 100-115 knots. The exercise was a great training tool for hospital personnel in general, but most importantly it gave us the opportunity to practice the activation of the Hospital's Hurricane Preparedness Plan.

Within the first 12 hours after receiving notification from the NSRR Hurricane Communication Center that the base was in Condition of Readiness (COR) III (within 72 hours), the Naval Hospital had completed their checklist and was setting COR III. During this condition the hospital prepared their team assignments, ensured that all its vehicles were full of fuel, that generators were totally functional, phone recalls were accurate and that we had an accurate listing of alpha family members and pregnant mothers requesting shelter at the hospital. The hospital grounds were assessed and cleaned of all debris, hurricane shutters were installed at the galley windows and deployable medical equipment inventoried and replenished for the oncoming season. This was their most busiest and productive phase.

During this exercise, the command identified three (3) major discrepancies:

- * Sandbags were not in optimal conditions
- * Phone Recall Confusion
- * Location of Recall List for patients 35+ weeks pregnant

For the past few years, sandbags were made and stored outside the warehouse resulting in sandbag decay. The hospital took this exercise opportunity to evaluate how to maintain the integrity of their bags. They purchased new sand, made about 700 bags and stored them in a brand new plastic container, resulting in appropriate storage, time and money saving. The phone recall confusion was related to the duplication of efforts made by directors and Area Commanders. This problem got resolved by giving this responsibility to the directors of each directorate. The identification of those patients with 35+ weeks of pregnancy was easy. The problem identified was related to where the list was going to be posted after it was compiled. They resolved this by giving the Inpatient Service Unit (ISU) the responsibility to compile and post the list on a weekly basis on their unit.

The Naval Base depends on the Naval Hospital and tenant commands to handle any hurricane contingency. The Naval Hospital recognized the need to be prepared in such an event and practiced just like it was going to be real. Their staff is trained and equipped to safely and professionally handle the unique circumstances of a hurricane. The Hurricane Exercise (HURREX) drill afforded the staff an opportunity to test their equipment and assess the skills of the teams. This drill provided invaluable lessons learned that would help make our team stronger and better prepared in a real hurricane event or another drill. GREAT JOB NAVAL HOSPITAL!



The recent Hurricane Nell

A Satisfied Patient Writes . . .

Contributed by
Ms. Lucy A. McKellar,
Customer Service Dept. Head

Hi Everyone!

I wish to thank everyone at the Naval Hospital for their support in my time of need. Without your help and prayers I would not have gotten through this ordeal. I have received notification from OPM that my Disability Retirement has been approved. I think of all the wonderful times at Naval Hospital Roosevelt Roads constantly. I miss you all dearly and have you all in my prayers. I especially want to thank CAPT Netzer and CAPT Brown for their understanding and also Ms. Socorro Torruellas "Socky" for always being there for me. Again, thanks to all and God Bless!!

There are no problems . . . Only solutions.

~John Lennon

Angel villalba.

Change Comes to NHR's Eye Clinic

16 June 2003

Dear Patients:

I want to take this opportunity to inform you that Naval Hospital Roosevelt Roads will be unable to offer Ophthalmology services (eye surgery) as of July 2003 because of base force structure changes. The Eye Clinic will, however, continue to provide optometry services. As most of you are aware, Active Duty will continue to have precedence in order to maintain the maximum level of operational readiness.

Although I am still evaluating patients other than active duty on a limited case-by-case basis, I have identified alternatives of care for those patients who may not be able to access my clinic. Naval Hospital Roosevelt Roads will utilize the local Tricare Network of Ophthalmology and Optometry providers to take care of your needs. Tricare and Tricare for Life cover the majority of ocular services. Additionally, Tricare Prime patients are entitled to one, routine optometry exam within the Tricare Network every two years. Retirees may continue to bring their spectacle prescriptions to the clinic for Government Issue spectacles under the current guidelines.

I value your suggestions and welcome your input to help alleviate any difficulties you may experience. Tricare service representatives are available to assist you at (787) 865-5913. I appreciate your understanding and patience during this transitional period.

Thank you,

Kimberly D. Davis, M.D.

LCDR/MC/USNR

Staff Ophthalmologist

Department Head, Eye Clinic

Naval Hospital Roosevelt Roads

16 de junio de 2003

Estimados pacientes:

Quiero aprovechar esta oportunidad para informarles que a partir de julio de 2003 el Hospital Naval Roosevelt Roads no tendrá servicios de Oftalmología (cirujía de los ojos). Ésto se debe a cambios estructurales en la Base Naval. Sin embargo, la Clínica de Ojos continuará proveyendo servicios de Optometría. Como ustedes ya saben, el personal de Servicio Activo continuará teniendo prioridad para así poder mantener el mayor nivel posible de operaciones militares.

Aunque todavía al presente estoy evaluando limitadamente caso por caso algunos pacientes que no son de Servicio Activo, he identificado otras fuentes de cuidado médico visual para aquellos pacientes que no puedan ser vistos en esta clínica. El Hospital utilizará periódicamente la red local Tricare Prime de proveedores (oftalmólogos y optómetras) para atender a sus necesidades de cuidado visual. Tricare y Tricare for Life cubren la mayoría de los servicios para los ojos. Además, los pacientes de Tricare Prime tienen derecho a un examen rutinario de la vista cada dos años dentro de la red Tricare. Los pacientes retirados podrán continuar trayendo sus recetas de espejuelos a nuestra clínica para ordenarle los lentes que les provee el gobierno según el reglamento actual.

Les exhorto a que ofrezcan sus sugerencias para ayudarles a aliviar algunas dificultades que puedan experimentar debido a este cambio. Los representantes de servicio de Tricare están disponibles para asistirles en el (787) 865-5913. Aprecio su comprensión y su paciencia durante este período de transición.

Muchas gracias,

Kimberly D. Davis, M.D.

LCDR/MC/USNR

Oftalmóloga

Jefa de la Clínica de Ojos

Customer Relations

by Ms. Lucy A. McKellar,
Customer Service Dept. Head

Customer satisfaction cards have reached a new high! For the first time, 100% active participation from all departments was received. Due to this massive influx cards, a new method had to be developed to handle them. So here is the plan: the way I will select those individuals being Recognized will change. Recognition per department will remain the same based on the % of total cards received and total of recognitions. Every month the top 3 departments will be recognized for their outstanding effort in Customer Service. There will be Honor Roll Recognition for those Departments who received the most recognition in a 4-month period. Per individual recognition there has been some changes: Our database has increased to a total of almost 300 staff members and continues to grow each month. Every department has been giving their 100% each month in handing out cards.

In order to add some diversity in the selections the following plan has been developed: Every 4 months I will select our top 3 Customer Service Honor Roll Selectees (based on percentages). Their pictures will be displayed on the Customer Relations Board on the first floor. These top selectees will continue gaining recognition in our database but will not compete in the following Quarters. Each Quarter will have a new group of selectees and at the end of the year, the entire hospital staff will vote on who they believe should be recognized as the top Customer Service "person" for the year via the intranet in January.

The first group in our Honor Roll is:

Dr. Samuel Rivera

Mrs. Lercy Vazquez

Mrs. Jeanette Betancourt

Eye Clinic

This Issue's Customer Concern

Addressed by: Ms. Lucy A. McKellar,
Customer Service Dept. Head

*"What are my options as a TRICARE
Standard Beneficiary in Puerto Rico"?*

As of May 2003, the Naval Hospital is being more selective with what population of TRICARE Standard patients they will manage. In regards to what services are available at the hospital, the changes are as follows: The Hospital will continue to see all those who are already assigned to a Primary Care Provider (PCM) along with their family members even if they have not yet been empanelled or assigned a PCM. If those family members decide to receive their care at the Naval Hospital, they must be empanelled to a PCM. If a TRICARE Standard patient has been seen in a non-emergent case by a PCM within the last year, they may also ask for assignment or em-

panelment. The Emergency Room will remain open to all cases. However, if further care is required, a consult will be written for care to be given outside the gates. Another exception to this rule is with the OB/GYN Department. OB/GYN services are still available to all TRICARE Standard beneficiaries regardless of their empanelment status.

If a Naval Hospital TRICARE Standard empanelled beneficiary has a problem that cannot be handled at the Naval Hospital, then he/she will be referred for network services outside the gates and deductible and cost shares will apply. (I would leave this out since

we are focusing on STANDARD, not TC for Life.)

The above come as a result of Naval Hospital's shift in mission due to active duty and active duty family member population losses. As the population decreases, the hospital will follow suite. Currently, there are no plans to discontinue care for those already empanelled. If there are any questions regarding this policy or any other TRICARE related issues, please contact the TRICARE Service Center at 865-5913 or visit us in the basement level of the Hospital.

Special Report: Coffee May Cut Diabetes Risk

Courtesy of Medscape.com

Written by Charlene Laino



June 18, 2003 (New Orleans) — Drinking four or more cups of coffee a day appears to be associated with a lower risk of type 2 diabetes, Harvard researchers report.

It's not the first time that a study has suggested that the popular brew may protect against the disorder that affects at least 17 million Americans. Last year, scientists at Vrije University in Amsterdam reported that heavy coffee drinkers are half as likely to develop diabetes as people who consume two cups or less a day.

But that work set off a major controversy, motivating the Harvard researchers to try to replicate the findings in the 100,000-plus men and women whose health they have been following for about two decades in the Health Professionals Follow-up Study and the Nurses' Health Study.

Frank Hu, MD, PhD, associate professor of nutrition and epidemiology at the Harvard School of Public Health, talked about the research here Tuesday at the American Diabetes Association 63rd Scientific Sessions.

"If it was really true, maybe we could just forget about exercise and sit in front of the TV and sip coffee

all day," he told colleagues in jest.

In all seriousness, there was every reason for disbelief, Dr. Hu said. Studies suggest that acute administration of caffeine decreases insulin sensitivity and impairs glucose tolerance.

On the other hand, caffeine stimulates thermogenesis and increases energy expenditure, he said. "This could decrease obesity rates and thus diabetes."

One problem, he noted, is that tolerance can develop after several days of caffeine use, making it very difficult to extrapolate from short-term to long-term studies.

Also, caffeine might be coffee's best known ingredient, but it's not the only one, Dr. Hu said. There are substantial amounts of magnesium, niacin, potassium, and even such antioxidants as tocopherol, he said. To try to tease out the effects of caffeine, as opposed to some of these other substances, Dr. Hu's team looked at rates of diabetes in not only coffee drinkers, but also in tea and decaffeinated coffee drinkers. The Dutch researchers didn't do that.

"Decaf has the same amount of these other substances, but less caffeine," Dr. Hu said. "Tea has other substances and is relatively low in caffeine."

The analysis was based on data collected from 42,888 male healthcare professionals from 1986 to 1998 and 85,056 female nurses from 1980 to 1998. All of the men and women were free of diabetes, cancer, and cardiovascular disease at baseline.

Every two to four years, the participants filled out validated dietary questionnaires that included items

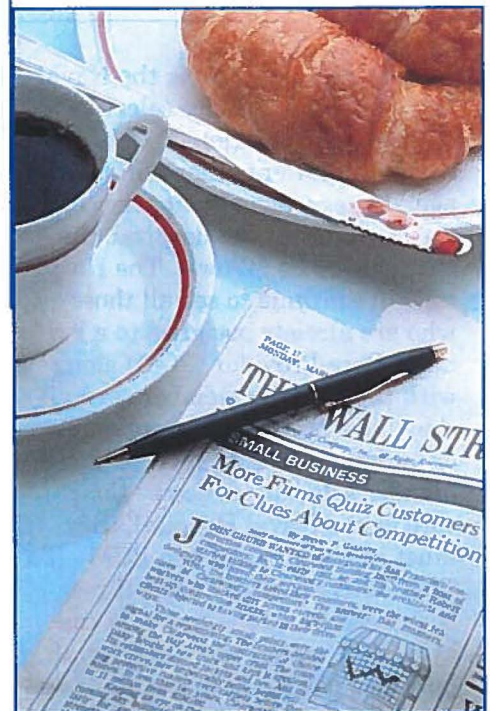
on coffee consumption.

Over the course of the study, 1,333 men and 4,085 women developed type 2 diabetes, Dr. Hu said. Using a Cox proportional hazard model that adjusted for age, body mass index, smoking, and other diabetes risk factors as well as for fiber and fat intake, the researchers found:

Men who drink six or more cups of coffee a day were less than half as likely to develop diabetes compared with nondrinkers. Drinking four to six cups helps too: Those men saw their risk cut by 29%.

Women who consume four cups or more a day also reduced their risk of developing the disease by about 30%. But in their case, six cups did not seem to be any more protective than four cups, Dr. Hu said. Tea, on the other hand, had no impact on diabetes risk, the study showed.

Decaf was associated with a "modest reduction" in risk for those who



drank four cups or more a day, he said. But those results were not controlled for the amount of regular coffee that was consumed.

The researchers then looked at total caffeine intake from coffee, colas, and other foods, and found that it too appeared to protect against the development of diabetes. Men and women in the highest quintile of caffeine intake were 22% and 30% less likely to develop diabetes, respectively, compared with those in the lowest quintile.

"The strengths of the study include large cohorts, long follow-ups and repeated and validated measures of diet and lifestyle," Dr. Hu said. "Limitations include self-reporting, but our validation studies suggest the data is good."

And by eliminating individuals with any type of major disease at baseline, the study addresses the potential confounding effect of pre-

existing conditions on diabetes risk, he added.

The new findings have made a believer out of at least one former skeptic, but a key one — Terry E. Graham, PhD, who presented a study showing that a dose of caffeine equivalent to that contained in two strong cups of coffee reduced insulin sensitivity and increased blood glucose levels in 12 men with type 2 diabetes.

"The findings completely contradict everything we have shown in acute studies of caffeine," he said. "When the Dutch study came out, I was shocked. But now with this second study that shows the same thing, you start to believe it," said Dr. Graham, chair of human biology and nutritional sciences at the University of Guelph in Ontario, Canada.

The Harvard study is more thorough, he added, with more accurate data about the participants' coffee

habits over 10 to 15 years. "Plus, they evaluated tea and decaf, which the first study didn't."

Some clues into why the short-term and long-term studies arrive at such different results might come soon, he said. Vanderbilt University researchers are studying compounds produced when coffee beans are roasted that appear to counter some of caffeine's effects.

In the meantime, Dr. Hu said that he is not yet ready to recommend coffee for diabetes prevention. "We still need more study," he said.

But for the diabetic patients who ask if coffee is detrimental, Dr. Hu said, "I don't think they have to worry."

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Reviewed by Gary D. Vogin, MD

Operation Sandbag



In preparation for the 2003 Hurricane season (01 June thru 30 Nov), the Emergency Preparedness Committee commissioned a project to ensure the availability and proper storage of sandbags. A working party commenced the arduous job in late April 2003 with a general idea of what needed to be done. But, it was not until full implementation that a clear picture was revealed regarding the necessary human and constructional resources for such an unprecedented undertaking. First,

600 deteriorated and leaking sandbags had to be hand removed from 2 wood containers that were setup for the 2002 hurricane season. Unnervingly, 2 snakes, 4 long centipedes, a huge rat, and copious layers of termites and red ants also had to be dealt with. After which, both rotten containers were meticulously demolished, loaded and hauled to the base landfill area. During the movement of sandbags and wood on pallets, the fork lift became stuck 3 times in the rain battered soil which then inspired installation of 10 meters of gravel. Consequently, this provided a stabilize area for the amateurish

assembly of two plastic storage sheds which were later secured to the ground with wire cables by

facilities. In all, the site prep, filling of 800 sandbags and shed construction involved 30 staff personnel and took approximately 10 full work days (80 hours) with a material cost of ~\$2000. Command esprit de corps at its finest.



BY
HMC DAVID M. PRITCHETT

The Parting Shot



Naval Station Norfolk, Va.

(Jun. 13, 2003) -- Family and friends gather on the pier to show their support as the amphibious command and control ship USS Mt Whitney (LCC/JCC 20) returns to its homeport of Naval Station Norfolk. Mount Whitney completed a seven-month deployment as the flagship of Commander, Joint Task Force – Horn of Africa (CJTF-HOA). The most sophisticated command, control, communications, computer and intelligence (C4I) ship ever commissioned, Mount Whitney incorporates various elements of the most advanced C4I equipment available today. Mount Whitney departed Nov. 12, 2002, in support of the ongoing war on terrorism and Operation Enduring Freedom. U.S. Navy photo by Chief Photographer's Mate Thomas Coffelt.

The Boot Ensign

BY

ENSIGN REINA GOMEZ

Being the BOOT ENSIGN is not an easy task. The "Boot and Bull" Ensign are Navy traditions among officers, where the "Boot" is the most junior Ensign in the Command and the "Bull" is the most senior Ensign. These positions are based on the officer's date of commission. Being the "Boot Ensign" does not carry with it any authority, no assumptions of increased ability, but requires increase vigilance. I was given the NHRR Commands BOOT (which is a real boot on a wooden base), which I have to protect from being stolen by other officers. I should have the Boot at all times with me or at least know where it is and displayed immediately to those senior in rank upon request. Being the Boot Ensign is having a high sense of responsibility, integrity, loyalty, commitment and respect to the Command. The Boot Ensign must have a high vigilance on its boot because the minute you turn around, it is gone. Many at-

tempts have been made in this Command in order to get the Boot. The secret is to think like your opponent and what they might do to get your boot and confuse them to the point they don't know where it is. The whole idea should be a source of good command morale and never the opposite. As the Boot Ensign, I am challenge to accomplish my mission and never loose the BOOT from sight.

